

[Your full name]

[Credit report number]

[Identifying information requested by credit bureau, typically including:

- Date of birth
- Address
- Telephone number]

[Return address, if different from your registered address on your credit report]

[Optional: Social Security number or driver's license number]

[Date]

[Credit bureau's address—one of the following:

Equifax Information Services, LLC, P.O. Box 740256, Atlanta, GA 30374

Experian, P.O. Box 4500, Allen, TX 75013

TransUnion Consumer Solutions, P.O. Box 2000, Chester, PA 19016]

Re: Disputing a medical collection account on my credit report

Dear [Equifax, Experian, or TransUnion],

I am writing to request the investigation and correction of a medical bill that appears on my credit report. The credit report number is **[report number]**. The medical bill is listed under account number **[account number]**, and the account was opened on **[opening date]** by **[name of debt collection agency]**.

The original owner of this debt is **[name of healthcare provider]**. The account reflects an alleged debt of **[amount owed]** for charges incurred on **[billing date for medical services]**.

This medical collection is **[inaccurate/incomplete/obsolete]** because **[describe which information is inaccurate or incomplete or why it should be deleted (e.g., the medical bill was paid by insurance or is more than seven years old)]**. I am requesting that the item **[be removed or otherwise changed]** to correct the information.

I have enclosed copies of my credit report with the disputed information highlighted. I have also attached **[any other supporting documents, such as payment records and court documents]** to support my dispute.

Please reinvestigate this medical collection and **[delete/correct]** it as soon as possible. Thank you for your attention to this matter.

Sincerely,

[Your Name]

Enclosures: **[List documents you are enclosing (e.g., a copy of your credit report)]**